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**MILWAUKEE COUNTY EMS  
OPERATIONAL POLICY  
BASE NOTIFICATION**

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**POLICY:** Upon dispatch, the paramedic unit will contact the base station by radio for permission to apply appropriate protocols. Contact with medical control is to be made for medical orders not covered by protocol.

Paramedics may request medical control for advice in unusual circumstances e.g. refusal of care/transport, or when uncomfortable with or unsure of treatment options. Paramedic units that are transporting a patient without on-line medical control will provide appropriate medical information about the patient to the Communications Center for relay to the receiving facility. When paramedics need medical control or are ready to provide a report during transport, a frequency should be requested.

Timely contact with medical control may be required by, but is not limited to the provisions in the following policies:

- Allergic Reaction: BLS units must request a physician's order for the administration of subQ epinephrine; ALS units must request medical control if the patient experiences no relief after subQ epinephrine and/or albuterol;
- Angina/M: BLS units must request a physician's order for assisting the patient in self-administration of NTG; ALS units must request medical control if the patient has taken Viagra within the last 24 hours; if the 12-lead ECG reads acute MI, 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, or significant ventricular ectopy; or if the patient experiences no relief of chest pain after 3 NTG;
- Altered Level of Consciousness: if the patient is under 2 years of age, or if the patient has no improvement in LOC along with abnormal vital signs;
- All attempted resuscitations and patients in ventricular tachycardia with pulses;
- Intraosseous Infusions: if the patient is not in cardiac arrest, not unconscious, or if the IV is not critical to patient care;
- Narrow Complex Bradycardia with Pulses: if the patient shows no improvement after 2 boluses of 0.5 mg Atropine or if 12 lead ECG shows acute MI, 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, or significant ventricular ectopy;
- Do Not Resuscitate patients with unclear DNR orders;
- Respiratory Distress: if the asthmatic or COPD patient experiences no relief after 2 albuterol treatments; if the CHF patient has taken Viagra within the last 24 hours or experiences no relief after NTG and Lasix.
- Narrow Complex Tachycardia, if the patient experiences no relief after cardioversion/defibrillation, amiodarone, or adenosine.

Paramedic units responding to a fire call will notify the Communications Center and remain on the call-in channel unless otherwise directed by a communicator.

At the conclusion of each run, the paramedic unit will notify the Communications Center of the disposition of the call. The patient's name and report number will be called in to the base station for any case involving base physician intervention, or in cases where medications were administered per protocol only. Communication involving the patient's name should be done by telephone to maintain confidentiality.